



SARS-CoV-2 Louisiana Questionnaire V1 rev 5/04/2020
(Correctional Facility Transmission Investigation)
Day 14 Form

CDC ID: _____

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Interviewee Information

Booking or JDE Number: _____

Specimen ID

First: _____ Last: _____

Date of birth: ____ / ____ / ____ (MM/DD/YYYY)

CDC ID _____

NOTE: This page is for paper records only. Do not scan for data entry into the electronic database.



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Administrative Information

- 1. Interviewer Name: First: _____ Last: _____ Date: ____/____/____
2. Housing [detainee] location: Division: _____ Tier: _____ Other: _____
3. At the unit, the number of current: Staff present: _____ Cells: _____ Detainees: _____
4. Interviewee: [] Detainee

Symptoms

- 5. Use no touch thermometer to record current temperature: _____ °F
6. In the last two weeks, have you experienced any of the following symptoms?

Table with 7 columns: Symptom, Symptom Present Last 2 Weeks?, Onset Date (mm/dd), # of Days, Ongoing?, Last 2 Months?. Rows include symptoms like Fever >100.4°F, Chills, Cough, etc.

Facility Questions (these questions are about a typical day in the last two weeks)

- 7. At this facility, how many different people are you in contact with (<6 ft) on an average day? _____
8. In the last two weeks, have you had handcuffs put on? (*Other than for this survey*)
[] Yes [] No [] Unknown
If yes, how many times per day (1 time would be once per day having them put on and taken off)? _____

Sanitation levels

- 9. How many times per day do you wash or sanitize your hands (on average)? _____
10. When you wash your hands, do you use (check all that apply): [] Soap & Water [] Hand sanitizer [] Water alone
[] Don't wash hands [] Unknown
11. When do you wash your hands (check all that apply)? [] Before eating [] After touching a shared phone
[] After coughing or sneezing [] After touching another person [] After using the bathroom
[] After touching dirty laundry [] After working [] Never [] Unknown
12. Have you worn a mask at the facility in the last 2 weeks? [] Yes [] No [] Unknown
a. If yes, what type of mask (check all that apply)? [] Cloth [] Surgical [] Unknown

Public reporting burden of this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011).



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- Other, specify: _____
b. When around others (<6 ft), how often do you wear a mask?
c. When outside of your cell, how often do you wear a mask?

Movement and Activity History

13. While in this facility, have you done any of the following activities in the last two weeks?

Table with 3 columns: Activity, Answer, Frequency. Rows include activities like 'shaken hands with a person', 'played cards or a game with a person', etc.

Potential Exposure

14. In the last two weeks have you been around any people who appear to be sick with COVID-19 symptoms, such as a fever, cough, or shortness of breath?

SARS-CoV-2 testing

15. Have you ever been offered a test for coronavirus?
a. If yes, have you been tested for coronavirus?
i. Date of most recent test: _____(MM/DD/YYYY)
ii. Did you experience any symptoms at the time you were tested?



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iii. Result of most recent test: Positive Negative Pending Indeterminate
Don't know Other, specify: _____ **CDC ID:** _____